

## FORM FIA-29

## FINANCIAL DEPOSIT REPORT

Michigan Department of Social Services

## INSTRUCTIONS:

- This form must be completed when collections made by the County on behalf of Michigan Department of Social Services are deposited.
- Monies are to be deposited in a locally designated bank for credit to the Treasurer of the State of Michigan.
- Two copies of the deposit slip must be attached to this report and forwarded to:

Michigan Department of Social Services  
Cashier Unit  
P.O. Box 30037  
Lansing, MI 48909

1. Report Date	2. Federal Control Number	3. Friend of the Court County Number
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TYPE OF COLLECTION	AMOUNT OF COLLECTION
4. CHILD AND CHILD/SPOUSAL SUPPORT	\$
5. ADC-F (COURT OR STATE WARD)	\$
6. STATE WARD CHARGE BACK	\$
7. MEDICAL	\$
8. BLOOD TEST	\$
9. NON-ADC IRS REFUND RECOVERIES	\$
10. OTHER (Use Remarks for Explanation)	\$
TOTAL ►	\$

## REMARKS:

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11. Collection Month	12. Final Report <input type="checkbox"/> NO <input type="checkbox"/> YES	14. Authorized Signature Date
13. Reporting County Name		

## FOR DSS OFFICE USE ONLY

Voucher Date	Voucher Number(s)
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AUTHORITY: 45 CFR 302.14. COMPLETION: Required. CONSEQUENCE: Deposits will not be credited to the proper account.	The Department of Social Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, handicap or political beliefs.
DSS-29 (Rev. 1-89) Previous edition obsolete.	COPY DISTRIBUTION: WHITE - MDSS Cashier Unit. CANARY - Friend of the Court.

**FORM FIA-29  
COMPLETION  
INSTRUCTIONS**

Form FIA-29, Financial Deposit Report, is completed when collections made on behalf of MFIA are deposited in a Treasury account. The form identifies collections by type and month which enables MFIA to credit the proper account. Form FIA-29 must be completed and submitted to MFIA at least once each week. Complete the FIA-29 as instructed below.

- | <b>Item Number</b> | <b>Instruction</b>  |
|--------------------|---|
| 1                  | <b>Report Date.</b> Enter the date the form is completed.   |
| 2                  | <b>FOC Control Number.</b> Enter your 7-digit FIPS number (see Appendix A).   |
| 3                  | <b>FOC County Number.</b> Enter your 2-digit county number (see Appendix A).  |
| 4                  | <b>Child and Child/Spousal Support.</b> Enter the amount of assigned child and child/spousal support collections deposited.   |
| 5                  | <b>ADC-F (Court and State Wards).</b> Enter the amount of support deposited to reimburse the ADC-F (Foster Care) fund for the cost of care of court and state wards.  |
| 6                  | <b>State Ward Charge Back.</b> Enter the amount of support deposited to reimburse the State Ward Charge Back fund for the cost of care of state wards.<br><br><b>Note:</b> If the funding source for a state ward's placement is not known, support collected to reimburse the State for the cost of care should be reported in Item 5, ADC-F. ADC-F funds are utilized by the State for eligible state wards before charge back funds to cover the cost of foster care. FIA Payment Reconciliation Section verifies the funding source for wards cost of care and, when necessary, transfers funds to the appropriate state account. |
| 7                  | <b>Medical.</b> Enter the amount of medical support deposited including medical and confinement expenses in paternity cases.  |
| 8                  | <b>Blood Test.</b> Enter the amount collected to reimburse the State for genetic testing costs.   |
| 9                  | <b>Non-ADC IRS Refund Recoveries.</b> Enter the amount of IRS Refund Recoveries deposited. See Chapter 430 for information about these recoveries.  |
| 10                 | <b>Other.</b> Enter the amount of other collections deposited. Explain the deposit in the Remarks section.  |

- No #      **Total.** Enter the total of collections identified by type in Items 4 through 10.
- 11      **Collection Month.** Enter the month to which the collections deposited apply. All collections reported on each FIA-29 must apply to the same month. If the deposit includes collections from more than one collection month, complete separate FIA-29s for the amount collected for each month.
- For example: If a deposit of \$5,000.00 includes \$1,000.00 collected for January and \$4,000.00 collected for February, two FIA-29s must be completed; one for January, which breaks down the \$1,000.00 collection and one for February, which breaks down the \$4,000.00 collection. Both FIA-29s accompany the deposit slip sent to the MFIA Cashier Unit.
- 12      **Final Report.** It is not necessary to indicate whether or not this is a final report.
- 13      **Reporting County Name.** Enter your county name.
- 14      **Authorized Signature.** Enter the date the FIA-29 was completed and sign it.

**Distribution**

Submit the FIA-29(s), two copies of the deposit slip, one of which is certified, and reports itemizing collections reported in Items 5, 6, 7 and 10 of the FIA-29 to:

Michigan Family Independence Agency  
Cashier Unit  
P.O. Box 30037  
Lansing, Michigan 48909

Reports of assigned child/spousal support collections identified in Item 4 of the FIA-29 must be submitted as instructed in Chapter 640.